,	PAIENI		tive Octo			ION HECC	JHU	'].	15	78°	717	3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
70	OTAL CLAIMS		10			•		RATE	FEE	7	RATE	FEE	
F	OR ·		NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE		
TC	TAL CHARGE	ABLE CLAIMS	10 minus 20=		• -0.			X\$ 9=		OR	XS18=		
IN	DEPENDENT C	LAIMS	'/ 'n	ninus 3 =				X43≖		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=			+290=		
• (1	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	770	
	6/7		SMALL	ENTITY	OR	OTHER							
AMENDMENTA	.	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID J	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	.21	Minus	- //)	-//		X\$ 9=		OR	X\$18=		
AME	Independent	· 4	Minus	C	5	\mathcal{P}_{\square}		X43=		OR	X86=		
	PIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM	ليلي		+145=		ORI	+290=		
				•	•		L	YOYAL DOIT, FEE		OR	YOYAL ADOIT, FEE		
٠.		(Column 1)		(Colum	ıni 2)	(Column 3)	-	DUII. FEE			ADDII. PEE		
ENT 8	3/1/07	CLAIMS REMAINING AFTER AMENDINENT		HIGHE MUMS PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.00	Minus	-8	\mathcal{D}_{\perp}	. O		X\$ 9=		OR	X\$18-		
AME	Independent	NTATION OF MI	Minus		3 4134	-/-		X43= ·		OR	X355	200	
	TINOT PRESE	MANUA OF MIC	CHIPCE DE	ENDENT	COAR	ليلن		+145=		OR	+290=		
		•					A	TOTAL DOTT, FEE		OR	TOTAL	200	
	11	(Column 1)		(Colum		(Column 3)			*:	. 4	paidz	807	
CN1 C	7/5/07	CLAIMS REMAINING AFTER AMENDMENT		HEGHE NUMBI PREVIOL PAID FI	EA . JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDINEN	Total	. 181	Minus	-170		· /		X\$ 9=		OR	X\$18=		
	Independent	14	Minus	-4		•/	H	X43=		. 1	X88=		
1	FIAST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (MIAJ		-		1000	OR			
- 4	the criting in colum	nn 1 is less than th	Hereby in conta	MA 2. write 7	or in cos	ainn 3.	L	+145=	_	OR	+290s		
	the Highest Nur	riber Previously Pai riber Previously Pa	d For IN THE	S SPACE is I S SPACE is I	ess that	20, enter "20.".	~	TOTAL POIT, PEE			DOIT. FEE		
1	ne Highest Num	ber Previously Pale	For (Total or	Independen	D is the	highest number	tours	o the appr	opriste bax	in cots	ma t.		

FORM PTO-675 Pless 10/00)

Application or Docket Number